

### **FWAATS Prerequisite Waiver Request**

Student Rank & Name:	Student SSN:	OSAA-OP 6970 Britten Drive, Suite 201 Fort Belvoir, VA 22060	
Course Name/Course Number/Class Number:		Start Date:	End Date:
Reason for Course Prerequisite Waiver (The applicant does not meet the following Course Prerequisites):			

***Note to Requesting Unit: Complete Header Information and Section I, attach any supporting documents, then forward to OSAA-OP for processing.***

OSAA-OP FAX: DSN 656-7115 cml (703) 806-7115  
OSAA-OP Voice: DSN 656-7203 cml (703) 806-7203  
FWAATS Voice: DSN 366-6593 cml (304) 842-8870

SECTION I	LAST			TOTAL TIME	Date of Last Stan Eval:	Student Unit, Location, Duty Position, MTOE/TDA Paragraph and Line Number:     Requesting Unit Phone:
FLIGHT TIME	60 DAYS	6 MONTHS	YEAR		Date of Last Inst Eval:	
TOTAL						
RW						
FW						
PC						
COURSE AIRCRAFT					Justification (Include impact if approved or disapproved):	
IP FW/RW						
IE FW/RW						
Unit CDR/POC Name and Rank:						
Unit CDR/POC Signature:						
SAAO Name and Rank:						
SAAO Signature:						

***Note to Requesting Unit: Fill in all appropriate blocks. Any incomplete information will result in a delay. Refer any questions to the FWAATS Operations Officer, DSN 366-6593, commercial (304) 842-8870.***

#### **SECTION 2: OSAA RECOMMENDATIONS/FINAL DISPOSITION**

Division Chief, Plans and Ops	APPROVAL	DISAPPROVAL	Name/Rank:	Date:
Division Chief, Standards	APPROVAL	DISAPPROVAL	Name/Rank:	Date:
Commander, OSACOM	APPROVAL	DISAPPROVAL	Name/Rank:	Date:
<b>REMARKS:</b>				
Distribution: 1-Individual 1-Commander, FWAATS 1-SAAO (Disapproval Only) 1-OSAA-OP			<b>APPROVED    DISAPPROVED</b>	Commander, FWAATS

